Name:	Age:	Add.:	Tel.:
DOB:			

IOL	جواب تأمين	عرض تخدير	عرض اطفال	تحاليل	بحث اجتماعي

History:		
FUC1		
FUC2		
FUC3		

	RIGHT EYE	LEFT EYE
U/S		
UBM		

Biometry

Form.	Cons.	K1	K2	AXL	PWR	Form.	Cons.	K1	K2	AXL	PWR

IOL master		
Reduction		
Needed IOL		
PWR & type implanted IOL		
Site of IOL		

Refraction	Sphere	Cylinder	Axis	Sphere	Cylinder	Axis
Peoperative						
Postoperative						